

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-674)**

SCMACHO

09/531 917

FILING CASE

ANY CLEAN TRUCK

CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	NO.	DOF.	NO.	DOF.	NO.	DOF.
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TOTAL NO.						
TOTAL DOF.						

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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